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CONFIRMATION NO. 7855

<b>SERIAL NUMBER</b> 09/093,972	<b>FILING OR 371(c) DATE</b> 06/09/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> P6641031
<b>APPLICANTS</b> JONATHAN W. NYCE, TITUSVILLE, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/016,464 01/30/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/23/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 107
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 021971				
<b>TITLE</b> COMPOSITION, FORMULATIONS & METHOD FOR PREVENTION & TREATMENT OF DISEASES AND CONDITIONS ASSOCIATED WITH BRONCHOCONSTRICTION, ALLERGY(IES) & INFLAMMATION				
<b>FILING FEE RECEIVED</b> 1753	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	